

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4		/		/			54						
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7		4		4			57						
8		4		4			58						
9		4		4			59						
10		4		4			60						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	5		3				<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	21		21				<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	26		26				<b>TOTAL CLAIMS</b>						